

PART B - FEE(S) TRANSMITTAL

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26753 7590 08/21/2007

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Aleshia T. Prange	(Depositor's name)
<i>Aleshia T. Prange</i>	(Signature)
September 27, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/857,682	09/04/2001	Antti Sarela	3003-00034	9988

TITLE OF INVENTION: ARRANGEMENT IN CONNECTION WITH FEEDBACK CONTROL SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/21/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MENDOZA, MICHAEL G	3734	128-203120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GE Healthcare Finland Oy

FINLAND

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Peter T. Holsten*
 Typed or printed name Peter T. Holsten

Date September 27, 2007
 Registration No. 54,180

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